

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/06/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155367		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 06/13/2011	
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-SYCAMORE VILLAGE				STREET ADDRESS, CITY, STATE, ZIP CODE 2905 W SYCAMORE ST KOKOMO, IN46901			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/13/11</p> <p>Facility Number: 000258 Provider Number: 155367 AIM Number: 100289160</p> <p>Surveyor: Phillip Komsiski, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Golden Living Center-Sycamore Village was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery operated detectors in all resident</p>			K0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0047 SS=E	<p>sleeping rooms. The facility has a capacity of 110 and had a census of 100 at the time of this survey.</p> <p>Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/17/11.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p> <p>Based on observation and interview, the facility failed to provide directional signs for 3 of 8 exit discharge means of egress. LSC 7.7.3 requires the exit discharge shall be arranged and marked to make clear the direction of egress to a public way. This deficient practice could affect 15 residents on 400 east, 8 residents on 400 west and 16 residents on 300 south, as well as visitors and staff who could misinterpret which direction to go as a possible escape route out of the facility during a fire emergency.</p> <p>Findings include:</p>			K0047	<p>Facility replaced all missing directional signs for means of egress that were identified during observation. This deficient practice has the potential to affect 39 residents and visitors on halls 400 east, 400 west and 300 south. All other halls were inspected by the maintenance supervisor to determine if any additional directional signs for means of egress were needed in the facility. No other areas in the facility were identified as requiring additional directional signs for means of egress.</p>		06/15/2011

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	<p>Based on observations on 06/13/11 during the tour between 2:27 p.m. to 3:17 p.m. with the Maintenance Supervisor, there were no directional arrows at the intersection of 400 east and 400 west to show the path of travel to either exit, or next to the country kitchen room showing the direction of travel to the 300 south exit. Based on interview on 06/13/11 concurrent with each observation, it was acknowledged by the Maintenance Supervisor the aforementioned directional exit signs should be posted to prominently display the path of travel to the 400 east, 400 west and 300 south exits.</p> <p>3.1-19(b)</p>						

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K0051 SS=E	<p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 4 of 46 smoke detectors were installed in a location which would allow the smoke detector to function to its fullest capability. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, detectors shall not be located where air flow prevents operation of the detectors. This deficient practice could affect 12 residents on 200 hall and 5 residents observed on Main hall as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 06/13/11 during the tour between 11:18 p.m. and 02:45</p>			K0051	<p>Facility relocated all smoke detectors identified during observation as being out of compliance with NFPA 72, 2-3.5.1. This deficient practice has the potential to affect 12 residents on 200 hall, 5 residents observed on the main hall, and any visitors as well as staff. To ensure this deficient practice does not occur again, the maintenance supervisor inspected the facility for any additional smoke detectors requiring relocation in accordance with NFPA 72, 2-3.5.1. After inspection, 7 additional smoke detectors were identified as being out of compliance and were relocated in accordance with NFPA 72, 2-3.5.1. All smoke detectors in the facility are now in</p>		06/15/2011

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	<p>p.m. with the Maintenance Supervisor, the following smoke detectors were installed within two feet of an air supply or return vent:</p> <p>a. Two smoke detectors on Main hall east were two feet from air supply vent</p> <p>b. One smoke detector on Main hall west next to employee breakroom was within two feet of an air supply vent</p> <p>c. One smoke detector on 200 hall east was within two feet of an air supply vent</p> <p>Based on interview on 06/13/11 concurrent with each observation, it was acknowledged by the Maintenance Supervisor the aforementioned smoke detectors were installed within two feet of an air supply duct in the ceiling which would interfere with the smoke detector's ability to detect smoke to its fullest capability.</p> <p>3.1-19(b)</p>				compliance with NFPA 72, 2-3.5.1.		

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K0056 SS=E	<p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>Based on observation and interview, the facility failed to provide a minimum of 6 feet spacing between 2 of 3 sprinkler heads in the unit coordinator's office and 2 of 4 sprinkler heads in the dining room AACU. NFPA 13, 1999 Edition, at 5-6.3.4 requires sprinklers to be spaced not less than 6 feet on center. This deficient practice could affect 15 residents on 400 hall east as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observations on 06/13/11 during the tour between 12:26 p.m. and 12:30 p.m. with the Maintenance Supervisor, two sprinkler heads in the unit coordinator's office and two sprinkler heads in the dining room AACU both on 400 hall east were sixty eight inches and sixty six inches apart respectively. Based</p>		K0056	<p>Facility relocated all sprinkler heads identified during observation as being out of compliance with NFPA 13, 5-6.3.4. This deficient practice has the potential to affect 15 residents on 400 east hall as well as visitors and staff. To ensure this deficient practice does not occur again, the maintenance supervisor inspected all other sprinkler heads in the facility. No other sprinkler heads were identified as being out compliance with NFPA 13, 5-6.3.4.</p>		06/14/2011	

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K0061 SS=E	<p>on interview on 06/13/11 concurrent with each observation with the Maintenance Supervisor, it was acknowledged the spacing between the aforementioned sprinkler heads was less than six feet apart.</p> <p>3.1-19(b)</p> <p>Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 manual water shut off valves for the sprinkler system was electronically supervised. This deficient practice affects 9 residents observed on main hall west as well as visitors and staff.</p> <p>Findings include:</p> <p>Based on observation on 06/13/11 at 12:50 p.m. with the Maintenance Supervisor, the water shut off valve for the sprinkler system located in the kitchen mechanical room which serves to provide sprinkler protection for the dining room area on main hall was secured with a chain in the open position, but was not electronically supervised. Based on</p>			K0061	<p>Facility installed missing tamper switch to electronically monitor water shut valves in accordance with NFPA 72,9.7.2.1 This deficient practice has the potential to affect any resident utilizing the main hall or dining room. Maintenance supervisor inspected all remaining manual shut off valves. All valves in facility are now in compliance with NFPA 72 9.7.2.1.</p>		06/14/2011

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	interview on 06/13/11 at 12:55 p.m. with the Maintenance Supervisor, it was confirmed the water shut off valve was not electronically supervised to send a signal to the fire panel if the water valve was tampered with. 3.1-19(b)						